

N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 STANDARD CERTIFICATE OF BIRTH

State File No. 140  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village San Carlos  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Harney { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female } To be answered ONLY in event of plural births.  
 4. Twin, triplet or other. \_\_\_\_\_  
 5. No., in order of birth. \_\_\_\_\_  
 6. Legitimate? yes  
 7. Date of birth I/III/29.  
 Month Day Year

**8. FATHER**  
 Full name Gilbert Harney  
 9. Residence (Usual place of abode) San Carlos, Ariz.  
 If non-resident, give place and state. \_\_\_\_\_  
 10. Color or race Apache  
4/4 Indian  
 11. Age at last birthday 38 (Years)  
 12. Birthplace (city or place) San Carlos, Ariz.  
 (State or country) \_\_\_\_\_  
 13. Occupation  
 Nature of industry common labor

**14. MOTHER**  
 Full maiden name Nellie Dickens  
 15. Residence (Usual place of abode) San Carlos, Ariz.  
 If non-resident, give place and state. \_\_\_\_\_  
 16. Color or race Apache  
4/4 Indian  
 17. Age at last birthday 27 (Years)  
 18. Birthplace (city or place) Ft. Mc. Dowell, Ariz.  
 (State or country) \_\_\_\_\_  
 19. Occupation  
 Nature of industry housewife

20. Number of children of this mother. \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (b) Born alive but now dead 0  
 (c) Stillborn \_\_\_\_\_  
 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 5 A. m. on the date above stated.  
 (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer  
 \_\_\_\_\_  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
888-11-542 Registrar  
 Address San Carlos, Ariz.  
 Filed \_\_\_\_\_, 19\_\_\_\_ C. H. Sawyer Registrar